

Procedure codes that are CCI and ClaimCheck Exempt

Procedure Code	Procedure Code Description
B4154	Enteral formulae - category IV
B4155	Enteral formulae - category V
G0238	Therapeutic procedure to improve respiratory function - Waiver Services
G9001	MICC Assessment
G9002	Coordinated care fee - Waiver Services
H0040	Crisis Supervision Waiver Services
H0046	Support Coordination Waiver Services
H2000	Comprehensive visit - Waiver Services
H2011	Crisis Stabilization - Waiver Services
H2012	Behavioral Health Treatment, Per Hour
H2014	In-Home Residential Support - Waiver Services
H2017	Psychosocial Rehab - Waiver Services
H2021	PERS Nursing/LPN - Waiver Services
H2023	Support Employment, Individual - Waiver Services
H2024	Support Employment, Enclave/Work Crew - Waiver Services
H2025	Pre-vocational Services, Regular and High Intensity - Waiver Services
J0885	Injection, epoetin alpha, (for non ESRD use)
J0882	Injection, darbepoetin alfa (for ESRD on dialysis
J0886	Injection, epoetin alpha, (for ESRD use)
S0215	Nonemergency Transportation
S5102	Adult Day Health Care Services - Waiver Services
S5109	Consumer training - Waiver Services
S5111	Family Care Giver Training - Waiver Services
S5116	Management Training - Waiver Services
S5126	Consumer-Directed Attendance Care - Waiver Services
S5135	Companion Care - Waiver Services
S5136	Consumer-Directed Companion Services - Waiver Services
S5150	Consumer-Directed Respite - Waiver Services
S5160	PERS Installation - Waiver Services
S5161	PERS Monitoring - Waiver Services
S5165	Environmental Modification - Waiver Services
S5185	PERS & Medication Monitoring - Waiver Services
S9122	Home Health aide or CAN, providing care in the home - Waiver Services
S9125	Respite Care, in the home - Waiver Services
T1002	RN Services - Waiver Services
T1003	LPN/LVN Services - Waiver Services
T1005	Respite Care Services - Waiver Services
T1016	Case Management - Waiver Services
T1017	Case Management - Waiver Services
T1019	Personal Care - Waiver Services
T1028	Reassessment Visit - Waiver Services
T1030	Congregate Respite - RN - Waiver Services
T1031	Congregate Respite - LPN - Waiver Services
T1999	Assistive Technology - Waiver Services
97535	Congregate Residential – Waiver Services
97537	Day Support Regular – Waiver Services

97139	Therapeutic Consultation - Waiver Services
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Modifiers

The modifiers that currently bypass the CCI and Claim Check edits are:

- Modifier 24 – Unrelated E & M Service by the same Physician during the post-operative period
- Modifier 25 – Significant, separately identifiable E & M Service on the same day by the same Physician on the same day of the procedure or other services.
- Modifier 57 – Decision for Surgery
- Modifier 59 – Distinct Procedural Service
- Modifiers U1-U9 – State-Specific Modifiers

CCI Edit Examples

Incidental Edit: A procedure code is performed and billed at the same time as a more complex primary procedure and is clinically integral to the successful outcome of the primary procedure. The “incidental” procedure code will be denied reimbursement.

Procedure Code Billed	Description	Procedure Code Denied	Procedure Code Paid
90772	Therapeutic, Prophylactic or diagnostic injection; subcutaneous or intramuscular		90772
99213	Office or outpatient visit for the evaluation and management of an established patient	99213	

Mutually Exclusive Edit: When a combination of procedures that differ in technique or approach lead to the same outcome. In some instances, the procedures can be anatomically impossible, represent overlapping services, or can accomplish the same results. The procedure code with the highest relative value unit (RVU) will be reimbursed.

Procedure Code Billed	Description	Procedure Code Denied	Procedure Code Paid
90853	Group Psychotherapy	90853	
90816	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital,		90816

	partial hospital or residential care setting		
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ClaimCheck Revised Examples of Edits

Incidental Edit Example

Procedure Code Billed	Description	Procedure Code Denied	Procedure Code Paid
99000	Specimen Handling	99000	
99203	Office/Outpatient Visit, New		99203
99173	Visual Acuity Screen	99173	
99393	Preventative Visit, Established, age 5-11		99393
36415	Routine Venipuncture	36415	
85025	Complete CBS		85025
36416	Collection of Capillary Blood Specimen	36416	
85025	Complete CBC		85025
81002	Urinalysis, by dip stick or reagent tablet, non-automated, without microscopy	81002	
99213	Office/Outpatient visit, est.		99213
81003	Urinalysis, by dip stick or reagent tablet, automated, without microscopy	81003	
99213	Office/Outpatient visit, est.		99213
93010	Electrocardiogram, routine EKG with at least 12 leads; Interpretation and report only	93010	
99213	Office/Outpatient visit, est.		99213
99070	Supplies and Materials (except Spectacles), provided by the Physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies or materials provided))	99070	
99243	Office Consultation		99243

Mutually Exclusive Edit Example

Procedure Code Billed	Description	Procedure Code Denied	Procedure Code Paid
99050	Medical Services, after hours	99050	
99213	Office/Outpatient visit, est.		99213

CCI Error Message Reasons

Description	Void Reason	EOB for Denied/Voided Claims	EOB for VaMMIS Generated Claims
Incidental	1192	1431	
Mutually Exclusive	1193	1433	

ClaimCheck Error Message Reasons

Description	Void Reason	EOB for Denied/Voided Claims	EOB for VaMMIS Generated Claims
Re-bundle	1061	1400	1420
Incidental	1062	1401	
Mutually Exclusive	1063	1402	
Assistant Surgeon Not Required	1064	1403	
Invalid for Patient's Age	1065	1404	
Invalid for Patient's Age - Replace	1066	1405	1421
Invalid for Patient's Sex	1067	1406	
Invalid for Patient's Sex - Replace	1068	1407	1422
Cosmetic	1069	1408	
Bilateral Proc. Greater than 1 Unit	1077	1410	1424
Experimental	1078	1411	
Obsolete	1079	1412	
Pre-Op Visit	1091	1413	
Post-Op Visit	1092	1414	
Max Units Lifetime	1094	1415	1425
Max Units per Day	1095	1416	1426